

CLAIMANT VOUCHER

INDIANA DEPARTMENT OF
WORKFORCE DEVELOPMENT

FILL THE BOX COMPLETELY WITH A BLACK INK PEN ONLY.



RIGHT



WRONG

I claim unemployment benefits the week ending SATURDAY _____. All questions refer to that week.

☐ BASE☐ NON-BASE

YES NO If you answer YES to questions 1 - 4, contact your local office.

- ☐
- ☐
1. Did you work
- ☐
- receive holiday
- ☐
- vacation
- ☐
- or severance pay
- ☐
- this week?

Employer Name _____ Earnings before deductions _____

- ☐
- ☐
2. Did you refuse work, quit or get discharged during the week you are claiming benefits?

- ☐
- ☐
3. Was there a change in retirement or social security pay, or in school or training status?

- ☐
- ☐
4. Were you unable to work, or unavailable for work? Why? _____

Mark which day(s) of the week.

SUN MON TUE WED THUR FRI SAT

☐ ☐ ☐ ☐ ☐ ☐ ☐

- ☐
- ☐
5. Did you return to work full-time during the week you are claiming benefits?

SS

CL

L.O.

CT

CWE

BYE

O	0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U	5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List three job contacts made this week.

DATE	COMPANY NAME	ADDRESS	PHONE	RESUME	IN PERSON	RESULTS
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

I hereby certify that I fulfilled the registration for work requirements, that I am not receiving subsistence allowance for training or education that would make me ineligible for benefits. I understand that making false statements on this form is unlawful and that I could be subject to penalties including criminal prosecution.

SIGNATURE _____ DATE _____

IF CHANGE OF ADDRESS, DO NOT MAIL:
TAKE THE CARD TO YOUR LOCAL
CLAIMS OFFICE.